



SUNRISE POLICE DEPARTMENT

John E. Brooks
Chief of Police

777 Sawgrass Corporate Parkway
Sunrise, Florida 33325
(954) 746-3600



Sunrise Police Department

Civilian Volunteer Program

Application Packet



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CITIZEN VOLUNTEER PROGRAM

Qualifications for Citizen Volunteers:

- Ability to communicate effectively with staff and the general public.
- Must be able to speak clearly and have good telephone manners.
- Legible handwriting or printing is a must.
- Be able to read maps and give clear directions.
- Typing skills would be helpful, along with data entry skills.
- Must be dependable.

Volunteers will receive on-the-job training.

All information within the Sunrise Police Department is kept confidential.



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Volunteer Application

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Work Phone _____

Social Security Number _____ DL # _____

Employer: _____ Occupation: _____

Employer's Address: _____ Cell Phone: _____

Emergency Contact (Name, relationship, Phone): _____

Personal References Names & Contact Numbers: _____

Do you have any previous police experience? _____

Have you ever been arrested? (If yes, explain) _____

Please explain briefly why you desire to become a police department volunteer:

CHECK EACH AREA OF INTEREST

Clerical ___ Filing _____
Public Relations/Services _____
Telephone/Messages _____
Records _____ Data Entry _____
Fingerprinting/I.D. _____
Data Analysis ___ Typing _____
Training _____ Property _____
Backgrounds/Selections _____ Citizen Volunteer Patrol _____ Other _____

Special Skills/Hobbies (list in detail any areas that may be utilized to assist the Police Department)

Do you speak a foreign language? _____ Language(s) _____

Do you write a foreign language? _____ Language(s) _____

Do you read a foreign language? _____ Language(s) _____

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I am aware that should an investigation disclose any misrepresentation, falsification, or omission, I will be disqualified from the Volunteer Program of the Sunrise Police Department. I further understand that this is not an application for employment and do not expect payment or reimbursement from the City of Sunrise for services rendered. I have read and fully understand the above instructions and hereby authorize the Police Department to conduct a complete background investigation to include a Criminal History check.

Signature Date



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Volunteer Program Authorization for Emergency Medical Treatment

The following information is needed by any hospital or practitioner not having access to your medical history in case of an accident while volunteering your services with the City of Sunrise.

Name: _____

Allergies: _____

Medications being taken: _____

Date of last tetanus shot: _____

Physical impairments: _____

Any surgeries (dates) _____

Family Physician (name and phone number) : _____

The above information has voluntarily been given to the City of Sunrise in the event I sustain an injury while serving the City of sunrise in a voluntary capacity and is to be released to the attending hospital or licensed physician.

Signature: _____ Date: _____



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Volunteer Program Liability Disclaimer Form

The undersigned does hereby request permission to participate in the Sunrise Police Department Volunteer Program. I understand that I must comply with all orders and instructions given by personnel in authority. I realize that I may be exposed to physical harm or injury and I freely and voluntarily accept all risks inherent in working with a law enforcement agency.

WHEREFORE, in consideration of acceptance into the Sunrise Police Department's Volunteer Program, I hereby agree to hold the Sunrise Police Department, the City of Sunrise, its employees, agent and servants harmless from all liability to me for personal injury or property damage or loss sustained during the time I may be in the capacity of volunteer, as aforesaid.

_____ State of Florida – County of Broward

Sworn to and subscribed before me this ___ day of _____, 20 __ , who is personally _____ (type ID) as proof of identification.

Notary Public, Police Officer CCN



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AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Sunrise Police Department, I hereby authorize inquiries regarding my past employment record including, but not limited to, attendance, job performance, disciplinary records and reason for termination.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested. You may contact me as indicated below, should there be any question as to the validity of this release.

Print Name _____ Date: _____

Address: _____

Telephone Number (____) _____

Signature _____